

**In the Specification:**

Page 8, line 5 through page 10, line 2 please amend the paragraphs as follows:

[0033] Initially there is performed a previous marking of the patient in bed, in a sitting position, defining the areas for facelift with ~~the SMAS-PLATYSMA~~ superficial musculoaponeurotic system (SMAS)-platysma treatment (SMAS means a set of tissues located beneath the skin that involves the face and neck).

[0034] In the Operating Room, with the patient lying on his or her back and under sedation, always with an anesthesiologist in attendance: 1) One half of the face is infiltrated with a lidocaine solution at 0.5% plus bupivacaine at 0.125% and with a solution of epinephrine at 1/200.000 in a volume variable between 150 and 200 ml for the entire face; 2) After the blepharoplasties, when indicated, there are initiated the facelift incisions through the previously anaesthetized half-face; 3) Two incisions of approximately 2.5 cm (two and one half centimeters) are made in the preauricular area and one other incision of equal length is made in the retro auricular area, all performed along the line previously marked for the facelift procedure; 4) There is performed the technique per se, that is to say, there is initiated the cutaneous detachment using the thinnest rod with a thickness of 2 mm (two millimeters), passing the rod through the entire facial area that was previously marked, almost always including detachment of the cervical region; 5) Subsequently there are passed thicker rods through that same area, that is, rods with thicknesses of 4 mm (four millimeters), 6 mm (six millimeters), 8 mm (eight millimeters), consecutively until completing the cutaneous detachment of the half-face using rod thicknesses up to 20 mm when necessary; FIG. 5). With approximately 90% of the hemi-face already detached using the rods, there is noted a minimal amount of bleeding which in most cases obviates the need to cauterize; 7) The remaining 10% represent the region named the "ear shadow" (located in the retro auricular region, extending from the ear lobe until the beginning of

the occipital hairy region, measuring in average 6 to 7 cm in length and having a thickness below the retro auricular canal of approximately 2.5 cm, FIG. 6, which is detached using the conventional method with scalpel and/or scissors, for the purpose of achieving a thicker cut for prophylaxis of cutaneous suffering in this area; 8) The temporal area is incised with a scalpel and there is performed the subaponeurotic detachment of the region using a medium-thickness rod with a thickness of 10 mm; 9) Following the complete detachment of the hemi-face, there is performed hemostasy by cauterization, which requirement is restricted to the area named the "ear shadow" and the region of the temporal vessels wherein were used the scissors or the scalpel; 10) The procedure follows with the resections and the ~~SMAS-PLATYSMA~~ SMAS-platysma treatment; 11) The redundant skin is sectioned using scissors for the hairless skin and scalpel for the hairy scalp areas; 12) Suturing is also performed using the conventional method, with details for the formation of the new tragus; 13) A tubular aspiration drain is applied to the detached area and should be removed within 12 and 48 hours thereafter; 14) An identical surgical procedure is performed on the other hemi-face; 15) Finally there is made an incision with a length of approximately 3 cm, parallel and located below the mentonian dimple, with previous liposuction when necessary, which detachment is performed with scissors for better identification and treatment of the platysmal bands, where after the cutaneous suture there is introduced the laminar drain. 16) There is applied the classic occlusive dressing with cotton and crepe band, which will be changed within the first 12 to 24 hours.